

STORMWATER TRAINING RECORD

(Training Required Annually)

BUSINESS NAME:		PHONE:	
STREET ADDRESS:			
CITY AND ZIP:			

TRAINER NAME:		TRAINER TITLE:	
TRAINER SIGNATURE:			

CATEGORIES INCLUDED IN TRAINING

(Please check all that apply.)

- ☐ Preventive Maintenance
- ☐ Good Housekeeping
- ☐ Proper Waste Disposal and Non-Stormwater Disposal Alternatives
- ☐ Equipment/Vehicle Maintenance and Repair
- ☐ Spill Response, Containment, and Recovery
- ☐ Recycling
- ☐ BMP Maintenance
- ☐ Other: _____

TRAINING MATERIALS USED

(Please check all that apply.)

- ☐ AWM Stormwater Training Guidelines
- ☐ UCCE Employee Training Modules 1 - 10
- ☐ Other: _____

The following operators, employees, and/or workers with responsibility for activities that may affect water quality have received stormwater training as specified above.

NAME	SIGNATURE	JOB ASSIGNMENT	DATE OF TRAINING
1.			
2.			
3.			
4.			
5.			
6.			

COUNTY OF SAN DIEGO - DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
AGRICULTURAL WATER QUALITY PROGRAM

NAME	SIGNATURE	JOB ASSIGNMENT	DATE OF TRAINING
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

Maintain this training record at the business site and provide it upon request of the County of San Diego authorized enforcement official.

When requested, submit training records by any of the following methods:

Return in person or mail to:

Ag Water Quality Program
Department of Agriculture, Weights and Measures
County of San Diego
9325 Hazard Way, Suite 100
San Diego, CA 92123

Fax to:

Attention: Ag Water Quality Program
858-467-9277

E-mail to your inspector at: _____